BCC NAME	MENTAL HEALTH BOARD
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COUNTY DEPARTMEN	MENTAL HEALTH SERVICES	CONTACT PERSO	Marianne Wedemeyer

DIIONE MUMDED	(619) 563-2737	MATICTOD	P531A	EAV MIMBED	(619) 563-2710
PHONE NUMBER	(019) 303-2737	MAILSTOP	FOOTA	FAX NUMBER	(019) 303-21 10

MEMBER NAME	Castillo, Roland	do					
APPOINTMENT	11/30/2004	<i>MO</i> #	15	EXPIRATION	12/31/2007	TERM	3-YEARS
NOMINATED BY	District 1			APPOINTED BY	Board of Supe	ervisors	
REQUIREMENT	Mental Health D	Discipline		COMMENTS	Replaces Laza	ar, Joel D., I	Ph.D.
MEMBER NAME	Ferguson, Kath	nerine					
APPOINTMENT	6/22/2004	<i>MO</i> #	15	EXPIRATION	12/31/2006	TERM	3-YEARS
NOMINATED BY	District 1			APPOINTED BY	Board of Supe	ervisors	
REQUIREMENT	Consumers or F	Family of Co	onsumers	COMMENTS	Staggered teri	m, 1st Appoi	ntment
MEMBER NAME	Harris, Gloria D	Or.					
APPOINTMENT	7/12/2005	<i>MO</i> #	12	EXPIRATION	12/31/2007	TERM	3-YEARS
NOMINATED BY	District 3			APPOINTED BY	Board of Supe	ervisors	
REQUIREMENT	Direct Client Co	onsumer		COMMENTS	Staggered terr resigned)	m (replacing	Marydell Chu -
MEMBER NAME	Krems, Abraha	ım Dr.					
APPOINTMENT	1/24/2006	<i>MO</i> #	15	EXPIRATION	12/31/2008	TERM	3-YEARS
NOMINATED BY	District 3			APPOINTED BY	Board of Supe	ervisors	
REQUIREMENT	Mental Health D	Discipline R	epresentative	COMMENTS	Staggered terr	m. 1st full ap	pt 1/24/06.
MEMBER NAME	Matthews, Micl	hael					
APPOINTMENT	3/1/2005	<i>MO</i> #	15	EXPIRATION	12/31/2007	TERM	3-YEARS
NOMINATED BY	District 5			APPOINTED BY	Board of Supe	ervisors	
REQUIREMENT	Family/Consum	er Represe	ntative	COMMENTS	Staggered terr	m, 1st appt.	11/14/01 (29), 2r

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BCC NAME ME	NTAL HEALTH BOARD
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NOMINATED BY

REQUIREMENT

District 5

Public - Family Consumer

COUNTY DEPA	ARTMEN	MENTAL H	IEALT	H SERVICES		CONTACT PERSO	Maria	nne Wedemeyer
PHONE NUMB	PER	(619) 563-2	2737	MAILSTOI	P P531A	FAX NUMBER	(619)	563-2710
MEMBER NAME	O'Keefe	, Philip						
APPOINTMENT	4/25/2006	6 <i>N</i>	10#	15	EXPIRATION	12/31/2007	TERM	3-YEARS
NOMINATED BY	District 4				APPOINTED BY	Board of Supervi	sors	
REQUIREMENT	Consume	er Represent	ative		COMMENTS	Staggered term. Douglas Baker w		
MEMBER NAME	Pancner	, Mary						
APPOINTMENT	6/14/200	5 <i>N</i>	10#	22	EXPIRATION	12/31/2005	TERM	3-YEARS
NOMINATED BY	District 5				APPOINTED BY	Board of Supervi	sors	
REQUIREMENT	Public Me	ember			COMMENTS	Staggered term, 12/15/04.	Гweedy, Da	avid, Dr resigned
MEMBER NAME	Parent, I	Dale Kerig						
APPOINTMENT	10/29/200	02 <i>M</i>	10#	9	EXPIRATION	12/31/2007	TERM	3-YEARS
NOMINATED BY	District 2				APPOINTED BY	Board of Supervi	sors	
REQUIREMENT	Consume	ers or Family	of Co	nsumers	COMMENTS	Staggered term		
MEMBER NAME	Slater-P	rice, Pam-Di	strict 3	3 Supervisor				
APPOINTMENT	1/6/2004	A	10#	2	EXPIRATION		TERM	COINCIDE
NOMINATED BY	Chair, Bo	ard of Supe	rvisors	:	APPOINTED BY	Board of Supervi	sors	
REQUIREMENT	Member	of the Board	of Su	pervisors	COMMENTS	Staggered term.	Seat No. 1	6
MEMBER NAME	Smith-B	rooks, Kathe	erine (C	Chair)				
APPOINTMENT	1/6/2004	N	10#	12	EXPIRATION	12/31/2006	TERM	3-YEARS

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APPOINTED BY

**COMMENTS** 

Board of Supervisors

Staggered term - 1st appt. - 12/12/2000 (34).Seat No.15

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COUNTY DEPARTMEN	MENTAL HEALTH SERVICES	CONTACT PERSO	Marianne Wedemever

PHONE NUMBER	(619) 563-2737	MAILSTOP	P531A	FAX NUMBER	(619) 563-2710
FAU/NE /NI/VIDEK	(013) 303-2131	WAILSTOF	1 33 17	rax Nuividek	(013) 303-21 10

MEMBER NAME	VACANT				
APPOINTMENT	4/25/2006 <i>MO</i> # 15	EXPIRATION	12/31/2008	TERM	3-YEARS
NOMINATED BY	District 4	APPOINTED BY	Board of Supe	rvisors	
REQUIREMENT	Consumers or Family of Consumers	COMMENTS	Staggered terr 6/12/06. Poste		
MEMBER NAME	VACANT				
APPOINTMENT	10/26/2004 <i>MO#</i> 20	EXPIRATION	12/31/2006	TERM	3-YEARS
NOMINATED BY	District 4	APPOINTED BY	Board of Supe	rvisors	
REQUIREMENT	Mental Health Discipline - Psychiatrist	COMMENTS	Staggered terr resigned 8/24/		Гегт. John Aller .11
MEMBER NAME	VACANT				
APPOINTMENT	7/27/2004 <i>MO#</i> 16	EXPIRATION	12/31/2006	TERM	3-YEARS
NOMINATED BY	District 3	APPOINTED BY	Board of Supe	rvisors	
REQUIREMENT	Consumer Representative	COMMENTS	Donna Marto r vacancy notice		
MEMBER NAME	VACANT				
APPOINTMENT	1/28/2003 <i>MO#</i> 25	EXPIRATION	12/31/2005	TERM	3-YEARS
NOMINATED BY	District 1	APPOINTED BY	Board of Supe	rvisors	
REQUIREMENT	Direct Client Consumer	COMMENTS	Staggered terr	n	
MEMBER NAME	VACANT				
APPOINTMENT	8/17/2004 <i>MO#</i> 23	EXPIRATION	12/31/2007	TERM	3-YEARS
NOMINATED BY	District 2	APPOINTED BY	Board of Supe	rvisors	
REQUIREMENT	Consumers or Family of Consumer At Large	COMMENTS	Rodger Farr re	esigned 5/30	/06

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**BCC NAME** MENTAL HEALTH BOARD

COUNTY DEPARTMEN MENTAL HEALTH SERVICES CONTACT PERSO Marianne Wedemeyer

**PHONE NUMBER** (619) 563-2737 **MAILSTOP** P531A **FAX NUMBER** (619) 563-2710

MEMBER NAME Yates, Judith R.

APPOINTMENT 8/17/2004 MO# 23 EXPIRATION 12/31/2006 TERM 3-YEARS

NOMINATED BY District 2 APPOINTED BY Board of Supervisors

REQUIREMENT Mental Health Discipline Representative COMMENTS Staggered term, 2nd term.

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